

Corporate Office

1005 N. Franklin St. Wilmington, DE 19806 (302) 575-0283 Fax (302) 575-9955 www.inglesidehomes.org

Ingleside Retirement Apartments

1005 N. Franklin St. Wilmington, DE 19806 (302) 575-0250 TTY (302) 575-0259 Fax (302) 575-0543

Ingleside Assisted Living

1605 N. Broom St. Wilmington, DE 19806 (302) 984-0950 Fax (302) 984-0955

Ingleside Home Healthcare

1005 N. Franklin St. Wilmington, DE 19806 (302) 575-0250 x2215

Ingleside Senior Services

1005 N. Franklin St. Wilmington, DE 19806 (302) 888-2273 Fax (302) 575-9955

Downs Cultural Center

1005 N. Franklin St. Wilmington, DE 19806 (302) 575-0250 x2244 September 16, 2020

Mr. Robert Smith DLTCRP 3 Mill Road, Suite 308 Wilmington, DE 19806

Dear Mr. Smith,

Please find enclosed the Plan of Correction for the compliant survey conducted at Ingleside Assisted Living which ended on August 21, 2020.

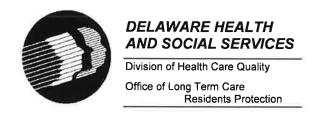
Please feel free to contact me if you have any further questions.

Sincerely,

Keith L. Ropka LNHA Executive Director Ingleside Assisted Living 1605 North Broom Street Wilmington, DE 19806 Phone (302) 984-0950

Fax (302) 984-0955





STATE SURVEY REPORT

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NAME OF FACILITY: Ingleside Assisted Living

Provider's Signature Thy Royck

STATEMENT OF DEFICIENCIES

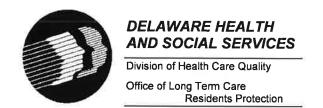
DATE SURVEY COMPLETED: August 21, 2020

ADMINISTRATOR'S PLAN FOR COMPLETION

SECTION	SPECIFIC DEFICIENCIES	ı	ORRECTION OF DEFICIENCIES	DATE
			r.	
	An unannounced complaint survey was		9.1.1	
	ducted by the State of Delaware Division		9.1.2	
	Health Care Quality, Office of Long Term		A TT 11 (
	Residents Protection from August 19,	- 4	A. Unable to retroactively cor-	
	through August 21, 2020. The facility was f		rect for R5 & R7.	
	to be out of compliance with the Title 16 H		B. All facility residents have	
	and Safety Delaware Administrative Code,		the potential to be impacted	
	Assisted Living Facilities regulations, and		by this deficient practice.	
	Governor's Eleventh and Twelfth Modifica		of this deficient practice.	
	of the Declaration of a State of Emergence	•	C. DON updated policy	
	the State of Delaware due to a Public H		COVID-19 Admission Pol-	
	Threat (COVID-19). The facility census o		icy to include criteria that a	
	first day of the facility was fifty-five (55)	. The	new admission shall be	
	sample size was seven (7).		placed in a private room for	
			14 days to observe for s/s of	`
	Title 16 Health and Safety		potential infection with	
	Delaware Administrative Code		COVID. After 14 days, res-	
			ident shall be moved to	
3225.0	Regulations for Assisted Living Facilities		his/her living area.	
9.0	Infection Control		The DON is responsible for	
3.0			the admission process and	
9.1	The assisted living facility shall establish	writ-	all admissions shall be	
	ten procedures to be followed in the		placed in single occupancy	
	that a resident with a communicable dise		room x 14 days effective	
	admitted or an episode of communicable	e dis-	immediately.	
	ease occurs. It is the responsibility of the		D. Evacutiva Director (ED)	
	assisted living facility to see that:		D. Executive Director (ED) shall monitor the admission	
			procedure for compliance	
9.1.1	The necessary precautions stated in the	writ-	with 14 day placement.	
	ten procedures are followed; and		F	
			Sample: New admissions to	
9.1.2	All rules of the Delaware Division of P	ublic	facility.	
	Health are followed so there is minimal da	anger	Success: All admissions	
	of transmission to staff and residents.		shall be placed in a tempo-	
			rary single occupancy room	
	4/15/2020 – The Governor's Eleventh M		x 14 days.	
	cation of the Declaration of a State of E		<u>Frequency</u> : Each new admission.	
	gency for the State of Delaware due to a P		Threshold: 4 admissions in	
	Health Threat stated, " A. PUBLIC HEALT	гн	a row.	
			W 10 111	

Title Executive Din

Date 09-16-2020



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NAME OF FACILITY: Ingleside Assisted Living

SECTION

STATEMENT OF DEFICIENCIES

SPECIFIC DEFICIENCIES

ADMINISTRATOR'S PLAN FOR **CORRECTION OF DEFICIENCIES**

COMPLETION **DATE**

4. Nursing facilities, assisted living facilities, ... licensed under Title 16, Chapter 11 shall immediately ensure that they are in full compliance with Public Health Authority guidance related to COVID-19. Such facilities shall check Division of Public Health guidance daily to ensure that the facilities are complying with the most current guidance and shall adjust their policies, procedures, and protocols accordingly.

5. All ... assisted living facilities, ... shall immediately implement, to the best of their ability, the following personnel practices: ... b. Designate a room, unit, or floor of the facility as a separate observation area where newly admitted and readmitted residents are kept for 14 days on contact and droplet precautions while being observed every shift for signs and symptoms of COVID-19 ...".

4/23/2020 - The Governor's Twelfth Modification of the Declaration of a State of Emergency for the State of Delaware due to a Public Health Threat (COVID-19) stated,

"... B. MISCELLANEOUS ...

3. The Eleventh Modification of the COVID-19 State of Emergency declaration, dated, April 15, 2020, Paragraph A.5.b., is stricken and replaced with the following: 'Designate a room, unit, or floor of the facility as a separate observation area where newly admitted and readmitted residents not known to be infected with COVID-19 are kept for 14 days on appropriate infection precautions per guidance from the Public Health Authority while being observed every shift for signs and symptoms of COVID-19.' ...".

This requirement was not met as evidenced by:

Reporting: Results of ED monitor shall be reported to the quarterly QM committee. OM committee shall identify any additional corrective action needed due to inability to meet success threshold.

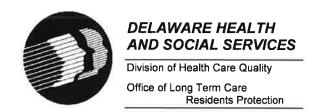
DATE SURVEY COMPLETED: August 21, 2020

19.5.4

- A. Unable to retroactively correct for R2.
- B. All facility residents have the potential to be effect by this deficient practice.
- C. All facility leadership will be in-serviced on proper use and processing of incident reports by September 30, 2020

All newly hired leadership shall have the proper use & processing of incident reports within 14 days of hire date.

- D. All licensed nursing staff & CNAs shall be in-service by the DON on the proper use and processing of incident reports by September 30, 2020
- E. DON shall utilize the 24 hour report to identify any patient or facility information that necessitate the initiation of an incident report. DON will then verify



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NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: August 21, 2020

	STATEMENT OF DEFICIENCIES
SECTION	SPECIFIC DEFICIENCIES

Findings include:

ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES

COMPLETION DATE

Based on observations, interviews and review of facility documentation and other sources as indicated, it was determined that the facility failed to ensure that their COVID-19 Admission Policy complied with the Public Health Authority's guidance in accordance with the Governor's Eleventh/Twelfth Modifications of the State of Emergency; and failed to ensure that two (2) newly admitted residents were placed in a separate observation area for 14 days on appropriate infection precautions per guidance from the Public Health Authority.

Undated — The facility's COVID-19 Admission Policy and Procedure 1.07 stated, "... 3. Resident must quarantine a minimum of 14 days prior to admission and prove a negative test 48 hours prior to admission to the facility. 4. Resident will be evaluated upon admission out-side the facility by DON or Charge Nurse for any change of condition or signs and symptoms of COVID. If any changes, resident will be isolated in their room for 14 days and will be monitored every shift for fever and have pulse ox taken. Doctor will be notified of any signs or symptoms of COVID. 5. Resident receives rapid COVID finger stick upon admission and it is documented in the chart..."

8/18/2020 – According to the clinical record, R6 was admitted to the facility and was placed in a shared room with R7.

8/20/2020 – According to the clinical record, R4 was admitted to the facility and was placed in a shared room with R5.

that the incident report was completed.

Sample: All 24-hour reports and corresponding incident reports and investigations.

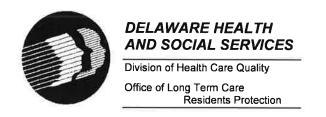
Success: All incidents have a completed incident report with appropriate documentation.

Frequency: Daily
Threshold: 10 consecutive incidents in a row.
Reporting: Audit results will be reported to the quarterly QM committee.
QM committee shall identify any additional corrective active needed due to inability to meet success threshold.

19.1.1.1

- A. Unable to retroactively correct deficiency for R1.
- B. All facility residents have the potential to be impacted by this deficient practice.
- C. The DON & ED shall review the requirements for the proper use and processing of incident reports, including State Reporting (abuse, neglect, mistreatment, serious injuries & falls) requirements by September 30, 2020
- D. ED shall audit incident reports for evidence of State Reporting when required.

Provider's Signature	Title	Date	



STATE SURVEY REPORT

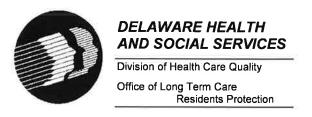
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NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: August 21, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES		ADMINISTRATOR'S PLAN FOR ORRECTION OF DEFICIENCIES	COMPLETION DATE
	8/21/2020 between 9 AM to 10 AM – Obstions revealed that the two newly admitted idents, R4 and R6, were directly admitted rooms with current residents. In addition, was no evidence of any infection precaulocated outside of R4 and R6's rooms. 8/21/2020 at 10:10 AM – During an interest (CNA) confirmed that around three days R6 was admitted to the same room when resided. 8/21/2020 at 10:35 AM – During an interest (LPN) confirmed that R4 was admitted to same room where R5 resided. 8/21/2020 at 11:20 AM – Findings were viewed with E1 (ED) and E2 (DON). The fafailed to ensure their COVID-19 admission icy complied with the Public Health Author guidance on new admissions; and failed to sure that two newly admitted residents placed in a separate observation area for days on appropriate infection precautions.	erva- d res- ed to there tions view, s ago, re R7 rview o the e re- icility i pol- rity's o en- were or 14	Sample: All incident reports Success: Evidence of having reported to State any incident requiring mandatory reporting. Frequency: weekly Threshold: 4 appropriately reported incidents to State in a row. Reporting: Audit results will be reported to the quarterly QM committee. QM committee shall identify any additional corrective active needed due to inability to meet success threshold.	
19.0 19.5	Records and Reports Incident reports, with adequate documention, shall be completed for each incident. ords of incident reports shall be retained incident files for the following:	Rec-		
19.5.4	Injuries of unknown source. This requirement was not met as evide by:	nced		
	Based on observation, interviews and revie facility documentation, it was determined			

Provider's Signature _____ Title ____ Date ____



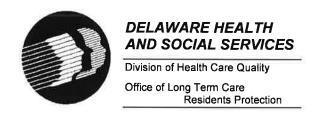
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NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: August 21, 2020 STATEMENT OF DEFICIENCIES ADMINISTRATOR'S PLAN FOR COMPLETION SECTION **SPECIFIC DEFICIENCIES CORRECTION OF DEFICIENCIES** DATE for one (R2) out of three (3) residents reviewed, the facility failed to ensure that an incident report, with adequate documentation, was completed for R2's injury of unknown source. Findings include: 2/15/2018 - R2 was admitted to the facility with a diagnosis of dementia. 2/2020 - The annual Uniform Assessment Instrument (UAI) stated that R2 was confused, oriented to person only, and had shortterm/long-term memory problems. 8/19/2020 at 5:45 PM – Observation of R2's left forehead revealed a healing bruise (vellow color) with the approximate size of a nickel. 8/19/2020 at 5:50 PM – During an interview, E4 (LPN) was asked about R2's left forehead bruise. E4 observed R2 and confirmed that R2 did not have that bruise when E4 last worked on the prior Wednesday. E4 stated that R2 bumps into things and falls because of her confusion. 8/20/2020 - Review of R2's clinical record and the facility's incident reports lacked documented evidence of how and when R2 sustained a left forehead bruise. 8/21/2020 at 1:15 PM – Finding was reviewed with E1 (ED) and E2 (DON). The facility failed to complete an incident report for an injury of unknown cause, specifically R2's left forehead bruise. 19.6 Reportable incidents shall be reported immediately, which shall be within 8 hours of the occurrence of the incident, to the Division. The

Provider's Signature _ Title Date



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NAME OF FACILITY: Ingleside Assisted Living

SECTION

STATEMENT OF DEFICIENCIES

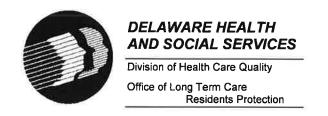
SPECIFIC DEFICIENCIES

DATE SURVEY COMPLETED: August 21, 2020

ADMINISTRATOR'S PLAN FOR COMPLETION CORRECTION OF DEFICIENCIES DATE

	method of reporting shall be as directed by the Division.	
19.7	Reportable incidents include:	
19.7.1	Abuse as defined in 16 Del.C. §1131.	
19.7.1.1	Physical abuse.	
19.7.1.1.1	Staff to resident with or without injury.	
	This requirement was not met as evidenced by:	
	Based on interviews and review of facility documentation and other sources as indicated, it was determined that the facility failed to report an allegation of physical abuse to the State Agency with-in 8 hours. Findings include:	
	7/2019 (Revised) — The facility's Abuse & Neglect Policy and Procedure stated, " Procedure: 7. The Executive Director: Determines the type of incident; Insures notification of state and regulatory/licensing agency".	
	8/14/2020 at 6:43 PM — According to the State Agency's Incident Report system, the facility reported the allegation of abuse involving R1 and E5 (CNA) through the website. The facility re-	
	ported that E6 (RA) informed the facility management on 8/13/2020 that R1 was hit by E5 (CNA). Despite the knowledge of the abuse al-	
	legation on 8/13/2020, the facility failed to notify the State Agency within 8 hours, instead they reported the allegation on 8/14/2020 at 6:43 PM.	
	8/21/2020 at 1:15 PM — Finding was reviewed with E1 (ED) and E2 (DON). The facility failed to	

Provider's Signature	Title	Date



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NAME OF FACILITY: Ingleside Assisted Living

DATE SURVEY COMPLETED: August 21, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	report an allegation of abuse within 8 hour the State Agency.	rs to	

POLICY: COVID-19 Admission Procedure 1.06

COVID 19 Admission Policy

Policy:

To ensure the safety and wellbeing of all individuals residing in Ingleside Assisted Living. New Residents wanting residency within the building will abide by the following procedure.

Procedure:

- 1. All new potential Residents will be assessed by the DON prior to acceptance to the facility. A full head to toe assessment will be completed along with evaluation of any signs and symptoms of COVID 19.
- 2. Resident will agree to COVID 19 screening prior to admission.
- 3. Resident must prove a negative test 48 hours prior to admission to the facility.
- 4. Resident will be evaluated upon admission outside the facility by DON or Charge Nurse for any change of condition or signs and symptoms of COVID.
- 5. Resident receives rapid COVID finger stick upon admission and it is documented in the chart.
- 6. All residents moving into a semi-private room will be isolated into a "covid" designated room for 14 days while being monitored for any signs or symptoms of COVID-19 i.e. fever and pulse ox each shift and a doctor will be notified of any changes. Upon completion of the 14 days; if symptom free; resident will be transferred to their assigned semi-private shared room.
- 7. All residents moving into a private room will be isolated in their room for 14 days while being monitored for any signs or symptoms of COVID-19 i.e. fever and pulse ox each shift and a doctor will be notified of any changes.